



# DEFERRAL APPLICATION

STUDENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STUDENT NUMBER: \_\_\_\_\_

*For which Course are you seeking a deferral from?*

COURSE NAME \_\_\_\_\_

## REASON/S FOR DEFERRAL

- Academic difficulties
- Financial
- Personal
- Health
- Other \_\_\_\_\_

## DATES FOR DEFERRAL:

From: \_\_\_\_\_ To: \_\_\_\_\_

**Please Note:** A deferral may affect your student visa. You must contact the Department of Immigration and Citizenship (DIAC) for visa information before submitting this form. Contact DIAC by phone on 131 881 or through their website at [www.immi.gov.au](http://www.immi.gov.au)

## Declaration

I hereby apply for a deferral and acknowledge that this application will be processed in accordance with the Careers Australia Group Deferral, Suspension and Cancellation Policy, which I have read and understood.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

FOR OFFICE USE ONLY:			
Received by:		Date Received:	/ /
Application Approved by:		Application Declined by:	
Comments:			
Actioned by:		Date Actioned:	/ /
Student Advised:		Date Sent:	/ /